

SASKATCHEWAN DISEASE CONTROL LABORATORY NEWSLETTER

(Formerly The Provincial Laboratory), 3211 Albert Street, Regina, SK S4S 5W6 (306) 787-3131

NEWS FROM THE SASKATCHEWAN DISEASE CONTROL LABORATORY

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Attachments

- ◆ Compendium Updates
- ◆ Viral Infections 2007-2008
- ◆ Holiday Schedule
- ◆ Health Sciences Centre Requisition for Molecular Diagnostics

Highlights of Fall Newsletter:

Below is a two-step process for testing for *Clostridium difficile* Infection.

Page 2 - Requirements for specimen collection for Vitamin D25 (25 Hydroxy Vitamin D3).

Page 3 -SDCL's Protocol for submission of specimens for occupational exposures to blood-borne pathogens.

Page 4 - One year since introducing the new NAAT for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*.

Page 5 - information on maternal serum screening in Saskatchewan.

Go to www.health.sk.ca/lab and check for past copies of the Saskatchewan Disease Control Laboratory Newsletters.

Clostridium difficile Infection:

Clostridium difficile infection remains a significant nosocomial infection concern. The diagnosis is typically made by identifying toxins in a diarrheal stool sample.

SDCL has introduced a two-step testing process for *C. difficile* antigens and toxin(s) using rapid antigen detection tests. Test results will be reported as positive or negative for *C. difficile* antigen. Specimens that test positive for *C. difficile* antigen will be tested for toxin(s) and reported as positive or negative for *C. difficile* toxin(s) respectively.

These tests will be performed only on unformed stools. In addition, children less than one year of age will not be tested, as *C. difficile* (and its toxins) are found in a high proportion of healthy infants as part of the normal gut flora.

Testing of patients who do not have diarrhoea is not indicated, nor is repeat testing within a week of a negative result. There is also no indication for testing of patients who have been treated, since the organism will remain at low levels in stools for several days to weeks.

Cultures for *C. difficile* are **NOT** routinely performed. However, SDCL does perform cultures periodically for surveillance of *C. difficile* and during the investigation of nosocomial outbreaks. For further information contact the Medical Director.

The Ministry of Health will be making *C. difficile* reportable in 2009.

PHN and BIRTHDATE MANDATORY ON ALL HIV & HIV VIRAL LOAD REQUESTS

*"...PHN and full
birthdate(dd/mm
/yyyy) on each
HIV requisition."*

PHN and Birthdate Mandatory on all HIV and HIV Viral Load Requests:

As of March 3, 2008, the Saskatchewan Disease Control Laboratory (SDCL) required the PHN and full birthdate (dd/mm/yyyy) on each HIV requisition.

It is still possible to send specimens with a code of the first two letters of the first name and first two letters of the last name, plus the PHN and birthdate, which are now mandatory.

Please use the new requisition, Health 13-4 01/08, available from Materials Management, SDCL.

This new format provides:

1. a robust system for the new LIMS. This will continue to provide reliable patient data storage.
2. consistency with the new changes to The Communicable Disease Control Regulations. HIV will now be handled similar to other blood-borne pathogens.

VITAMIN D 25 (25 HYDROXY VITAMIN D3) SPECIMEN COLLECTION REQUIREMENTS

*"use light
sensitive tubes"*

Vitamin D 25 (25 Hydroxy Vitamin D3) Reference Ranges:

Please note the reference ranges for Vitamin D25 (25 Hydroxy Vitamin D3). These were introduced in 2007.

New Reference Ranges:

deficient: <25 nmol/L
relative insufficient range: 25-70 nmol/L
optimal range: 70-250 nmol/L
toxic range: >250 nmol/L

Please note that anyone with a total vitamin D 25 (25 Hydroxy Vitamin D3) of less than 70 nmol/L is considered to be deficient, or to have Vitamin D 25 (25 Hydroxy Vitamin D3) insufficiency, and may require supplementation with oral Vitamin D 25 (25 Hydroxy Vitamin D3) supplements to correct the abnormally low Vitamin D 25 (25 Hydroxy Vitamin D3) levels.

Specimen collection requirements

The specimen collection requirements are:

- Use serum separator vacutainer (SST). Centrifuge, separate from the cells, transfer to light sensitive tubes/caps and freeze serum.

or

- Collect heparinized plasma. Centrifuge, separate from the cells, transfer to light sensitive tubes/caps and freeze plasma.
- To protect this specimen from light, transfer the serum or plasma to "light sensitive tubes/caps" in place of wrapping tin foil around the tube.

Light sensitive tubes/caps are available from Sarstedt, at telephone number 1-888-727-7833.

Tubes Item #55.526.002 (500 stack)
Cost: \$23.00/500

Caps Item #65.809.005 (1000/bag)
Cost: \$20.00/1000

If you have any questions or concerns please call our Client Outreach Co-ordinator, Cindy Schmidt at 306-787-7028 or Jim Putz, Quality Manager, at 306-787-9404, or you may speak directly to Jeff Eichhorst, Section Manager, Screening and Reference Testing at 306-787-3284.



SDCL Protocol for Submission of Specimens for Occupational Exposures to Blood-borne Pathogens

*"...MUST be
preceded by
with
notification to
SDCL by phone"*

Saskatchewan Disease Control Laboratory (SDCL) Protocol for Submission of Specimens for Occupational Exposures to Blood-borne Pathogens:

Regional laboratories should ensure that specimens related to **occupational exposures to blood-borne pathogens** are transported to SDCL as promptly as possible to ensure that any specimens that require STAT processing can be handled expeditiously. Please refer to the following guidelines when sending specimens for STAT processing of needle stick requests.

After notification to SDCL, prior to receipt of specimen, test requests will be considered for STAT processing for the following:

Source Patient Sample:

- If exposure is from high-risk source (known positive for HIV or Hepatitis B, IDU [intravenous drug user], Sex trade worker, MSM [men who have sex with men]).
- If the healthcare worker has already started HIV post-exposure prophylaxis (PEP).

Healthcare Worker Sample:

- If the healthcare worker does not know their HBV immune status (whether or not they had ever received HBV vaccine or have serology documenting immunity). Please check medical records before making test request if possible.

Tests to request:

- Source patient - HIV, HBsAg, HCV and HBc Total
- Healthcare worker - HIV, HBsAg, HCV and anti-HBsAg

All STAT or ASAP needle stick requests **must** be preceded with notification to SDCL by **phone** at (306) 787-3131 or (306) 787-2964, or after hours, (306) 537-0639, **before samples arrive** at the Saskatchewan Disease Control Laboratory. A copy of the requisition(s) should then be faxed, (306) 787-3085, to the Immunoserology section. If shipped by STC, mode of sample shipment (STC), time shipped and arrival time in Regina must be noted on the requisition to allow SDCL to arrange for pick up.

Note: If the requisition does not contain all the required information a STAT - TRACK form will be faxed to the regional laboratory and must be completed and faxed back to SDCL.

Requests that do not meet the STAT criteria above will be handled ASAP the next SDCL working day.

General Information:

- The contact phone number and person for receipt of results must be clearly indicated on the requisition(s).
- The ordering Physician's name and "complete" return address must be clearly indicated on the requisition(s). Specimens without this information will not be processed.
- The mode of sample transport and expected departure and arrival time must be clearly indicated on the requisition(s).
- Send the STAT specimen in a package that is clearly identified as 'STAT'. When using STC Bus, mark the box "station to station" on the bus manifest.

NAAT for *Chlamydia* *trachomatis* and *Neisseria* *gonorrhoeae*

NAAT for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*

December 2008 marks one year since the introduction of a new NAAT for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, and slightly less than six months since the introduction of confirmatory testing using a second target for each organism.

Since the introduction of the new NAAT, over 46,000 specimens have been tested, more than 70% of which were from female patients. The positive rates for *C. trachomatis* for this period are 8% in females and 12% in males and for *N. gonorrhoeae* approximately 2% in females and 0.04% in males, respectively.

Confirmatory NAAT tests for *C. trachomatis* are run on positive samples where: (1) NAAT result has a low positive value, or (2)

patient age is less than 16 years, or (3) requisition indicated sexual assault. Confirmatory NAAT tests for *N. gonorrhoeae* are run on all positive specimens.

For these specimens the initial positive results are reported as "Presumptive Positive". Patients should be treated with appropriate antibiotics after receipt of a preliminary positive result.

Only a small proportion (approximately 1%) of all specimens require re-testing using the confirmatory assays, and of these only 2% give indeterminate results. Indeterminate results represent 0.1% of all specimens from females and 0.0004% of all specimens from males.

MATERNAL SERUM SCREENING IN SASKATCHEWAN

Maternal Serum Screening (MSS) in Saskatchewan:

The Quad Test:

Since 2000 Saskatchewan has been screening pregnant women for Downs Syndrome (Trisomy 21), Neural Tube Defects and Trisomy 18. This test (The Triple Screen) is done during the second trimester between 15 and 20 weeks of gestation. It is a blood test, where alpha-fetoprotein (AFP), beta human chorionic gonadotropin (HCG) and estriol (E3) are measured on a blood sample. Since October 2008 the Saskatchewan Disease Control Laboratory (SDCL) has added another test to the Triple Screen. This additional test is done on the same blood sample and is called Inhibin-A. This changes the triple screen to a Quad Screen or Quad Test, because we now perform 4 different tests on the same sample. The times of collection have not changed for MSS test. The Quad Test is an improvement over the Triple Screen. The Triple Screen as well as the Quad Test are screening tests: they estimate the risk of the baby having the conditions mentioned above. With the Triple Screen, the false positive rate was set at 5%. At this level of false positivity the detection rate of Downs Syndrome was around 65-70%. With the

new Quad Test, the false positive rate is still 5%, but the detection rate of Downs has improved from approximately 65% to around 80%. This means that the Quad Test has a greater likelihood of detecting Downs Syndrome than the old Triple Screen.

Estimating the Risk of Neural Tube Defects (NTD)

Both the Triple Screen and the Quad Test, which is done during the second trimester of pregnancy, provide an estimate of the risk of Neural Tube Defects (AFP is part of both panels). Currently there is no first trimester screening available in SK, and samples are sent out of province for testing. This first trimester screening provides risk estimates for Down's syndrome (Trisomy 21), and Trisomy 18, but not for NTD. For women who are tested during the first trimester, it is still necessary to be tested for NTD. This is done by collecting a blood sample during the second trimester and sending it to the SDCL for measurement of AFP only. These samples must be sent with an MSS requisition, which has AFP only written on it. When such a sample arrives at the lab, we measure AFP and calculate the risk of NTD.



NEWBORN SCREENING

" four new diseases Cystic Fibrosis (CF), Galactosemia, Biotinidase Deficiency and Congenital Adrenal Hyperplasia (CAH)"

Newborn Screening:

To ensure that babies get the best start in life and stay healthy, all newborns in Saskatchewan are screened for at least 28 rare disorders.

Although most babies with these disorders look healthy at birth, they may be at risk of having serious health problems. Developmental disabilities, recurrent sickness and even death may occur if their disorder is not detected and treated, even if there is no family history of these disorders. Early identification is the key to effective treatment.

Commencing January 2009, there will be enhancements to the provincial Newborn Screening Program. Four new tests will be added to enable early detection of four more metabolic diseases. The four new diseases are Cystic Fibrosis (CF), Galactosemia, Biotinidase Deficiency and Congenital Adrenal Hyperplasia (CAH). Appropriate algorithms for positive screens will be incorporated to trigger confirmations by second tier testing. The only noticeable change observed with changes to the program operation will be the report format. More detailed information will be provided on the report when the new LIMS is implemented in February 2009.

It will be important to collect blood spots correctly since they will be subjected to more testing. This will enhance the necessity to collect samples as described, so that adequate sample volume of blood is received. To decrease the time currently taken to find and notify the appropriate physician that a second specimen is required for repeat or other testing, we are asking all clients to provide the names of both the **attending physician** as well as the **family physician** on all newborn screening blood spot collection cards.

Cystic Fibrosis

Newborn screening (NBS) for cystic fibrosis offers the opportunity for early intervention and improved outcomes. Individuals who are diagnosed with CF through NBS have improved nutritional

status, better growth, and fewer hospitalizations, whereas a delayed diagnosis can result in significant dysfunction and nutritional failure. NBS has been shown to decrease the risk of life threatening complications or death from CF in infancy or early childhood. Families of those with CF also benefit substantially from CF NBS, because they avoid the average 15-month delay between onset of symptoms and diagnosis along with the accompanying anxiety, frustration, and emotional distress. The screening algorithm relies on testing for immunoreactive trypsinogen (IRT) as the primary screen for CF. The presence of high levels of IRT, a pancreatic protein typically elevated in CF-affected individuals, indicates the need for repeat IRT testing as well as a second tier of testing, which confirms the positive outcome of the screen by a different method. A screen positive child is tested by DNA analysis for the most common mutations occurring in the CFTR gene. The DNA test results are sent to the CF clinic and children with one or two mutations have a sweat chloride test done.

This algorithm is expected to identify approximately 50 children from across Saskatchewan who will be notified by the CF clinic that they need a sweat chloride test performed. This will allow children with CF to be diagnosed much earlier than they would otherwise have been.

CF affects about 1 in every 3,600 babies born. Infants who have CF can benefit significantly from early treatment, and their condition requires lifelong management and monitoring.

Biotinidase Deficiency

Biotinidase is an enzyme that is essential for the recycling of the vitamin biotin. Biotin is important as an enzyme cofactor. Free biotin is needed to activate enzymes that are important in the production of fats and carbohydrates and for the breakdown of proteins. This process is blocked if an individual has biotinidase deficiency. Dietary supplementation with high doses of biotin prevents symptoms of biotinidase deficiency.

NEWBORN SCREENING

- cont.

Congenital Adrenal Hyperplasia (CAH)

Congenital Adrenal Hyperplasia (CAH) is an inherited disease in which the adrenal gland is unable to make cortisol and aldosterone. The underproduction of these hormones may mean that an infant cannot regulate salt and fluids, leading to a salt-losing crisis and possibly death. In addition, because of the block in certain hormonal pathways, excess male hormones are produced. CAH affects about 1 in every 15,000 babies born in Saskatchewan. CAH is different in that girls may be symptomatic at birth. With the overproduction of male hormones during pregnancy, some female babies have masculinisation of the external genitalia. Replacement of deficient hormones is an effective means of preventing a salt-wasting crisis and preventing long-term complications as indicated above. Parents of female babies who have had virilization may opt for surgery to improve the appearance of the external genitalia. Infants who are identified early and treated appropriately have a good prognosis but require lifelong management and monitoring.

Galactosemia

Individuals with galactosemia are not able to utilize galactose because an enzyme, called GALT (galactose-1-phosphate uridyl transferase), is defective or deficient. This leads to an accumulation of galactose and other harmful substances in the blood and urine, which can cause serious health problems. A galactose-restricted diet is effective in preventing many of the complications of galactosemia, including the liver and kidney problems. It may also reduce the risk for developmental delays.

Informational pamphlets on Newborn Screening will be available from SDCL website, www.health.gov.sk.ca/lab in January 2009.

If you have any questions, please contact our newborn screening program (Joyce Lepage) at (306) 787-3142 or if you require additional information related to SDCL's neonatal collection protocol, please contact Cindy Schmidt, Client Outreach Coordinator at telephone number (306) 787-7028.



CLIENT REMINDERS



Client Reminders:

Newborn Screening Cards:

Please include the mandatory information on each neonatal screening card. All dried blood spot sample cards are securely stored for several years in compliance with government retention guidelines and it is imperative that all of the information in the list below is recorded on each card.

- Baby's last name
- Baby's PHN
- Gender
- Date and time of birth
- Date and time of collection
- Mother's name
- Mother's address
- Gestational age
- Return address of sender
- Attending Physician (with initials)
- Family Physician (with initials)

If you have any questions, please feel free to contact the Newborn Screening Lab, by calling (306) 787-3142.

Drugs of Abuse Collection Tubes:

With the recent changes to Saskatchewan Disease Control Laboratory's drug screen program, clients **must submit a random urine collection in two 5 mL 12x75 mm plastic tubes for the drugs of abuse tests.** Clients can order the plastic 12x75 mm pour off tubes from SARSTEDT, Catalogue number 55-476-005 and the green lids are available through ESBE, Catalogue number ES05010D.

'Copy To' Requests

As of January 1, 2009 Saskatchewan Disease Control Laboratory (SDCL) will no longer fax additional reports as **'copy to' requests** to ordering physicians or to a ward or unit within the facility identified on the original packing slip or requisition. The intention of 'copy to' requests is for results to go to a physician, other than the ordering physician/facility, who would not otherwise have access to the report.

SDCL will continue to autofax, mail, or send via interoffice mail a report to the physician/facility listed on the original packing slip or requisition but further report distribution to ordering physician or within a facility will be the responsibility of the facility.

If you have any questions regarding this decision please contact Jim Putz (306-787-9404) or Darlene Miller (306-787-3238).

New Health Sciences Centre Requisition for Molecular Diagnostic Testing

At the request of the Health Sciences Centre in Winnipeg, please find attached the pdf version of the molecular diagnostic Laboratory Test requisition that clients are asked to use for all Hemochromatosis and other molecular test orders SDCL forwards to Winnipeg. Please include this form with the sample referred to the SDCL. Also please ensure that all other requisitions are discarded.

If you have any questions, or require a fax copy of this requisition, please contact our Referral Team by phone (306) 787-8635.

COMPENDIUM UPDATES

Compendium Updates: Referral - R40 (Renin Activity - change in collection).



CONTACTS NUMBERS



Which
Phone
Number?

**REMEMBER
CALL
787-3131
for
information
from the
SDCL**

**PAPER
REQUESTS**

Information from the Saskatchewan Disease Control Laboratory (SDCL)
(Formerly The Provincial Laboratory). 787-3131

Hours of Operation:

8:00 a.m. to 5:00 p.m. Mon. to Fri.
7:30 a.m. to 4:00 p.m. Saturday
Evening & Weekend call back, see #6 for cell numbers.

Press 1: Medical Results/General Inquiries

Identify who you are, institution and whether you are calling for:

- lab results, in "Circle of Care" can be provided verbally;
- specimen receipt and/or status;
- STAT testing, call will be transferred to the appropriate section;
- requests for technical information, call will be transferred to appropriate section.

Press 2: Referral Desk

For information on tests referred out-of-province.

Press 3: Maternal Serum Screening

For results

Press 4: Water Samples

For results on water samples submitted.

Press 5: Shipping and Supplies

For example, requests for transport media such as SAF for parasitology specimens, Carey Blair or viral transport media for specimens submitted to the Saskatchewan Disease Control Laboratory.

Press 6: Emergency After Hours Service (Evenings & Weekends Only)

TOXICOLOGY/CHEMISTRY	536-4653
NEEDLE STICK EXPOSURE/ORGAN DONORS	537-0639
MOLECULAR DIAGNOSTICS - ORGAN DONORS	537-9416
MEDICAL DIRECTOR	536-7658 Dr. G. Horsman
ASSISTANT CLINICAL DIRECTOR	537-4285 Dr. P. Levett
CHEMISTRY, SCREENING & REFERENCE TESTING	533-6532 Dr. D. Lehotay
ENVIRONMENTAL SERVICES	535-7388 Dr. P. Bailey

VACCINES – PHONE YOUR REGIONAL PUBLIC HEALTH OFFICE

Press 9: Repeat Menu

Press 0: To speak with an attendant.

Paper Requests:

- Laboratory does not accept verbal test requests and requires you to fax in a request/requisition for any additional testing.
- If patient cannot be identified, as in "circle of care" then we require a "signed release of medical information form" faxed to us at 787-9122.

**REMEMBER Call 787-3131 for information from
the Saskatchewan Disease Control Laboratory.**



Referral

Revised

Section	Referral
Test	Renin Activity (R)
Specimen	3 mL plasma (EDTA)
Collection	Collect whole blood and place on ice. Centrifuge, separate from the cells and freeze the plasma immediately. Unstable at 4 degree celcius.
Requisition #	See Special Instructions
Special Handling Instructions	Collect between 0700 to 1000 hours. Use the University of Alberta, Capital Health's Routine Requisition obtained from SDCL Referral Desk - (306) 787-8635.
Shipping	Send frozen. Referred to University of Alberta, Edmonton..
Reference Values	Detailed on Report
Turnaround Time	3 weeks

Section	Referral
Test	Rickettsial Serology (R) (Rocky Mountain Spotted
Specimen	2 mL serum
Collection	Use serum separator vacutainer (SST)
Requisition #	Referral Test Requisition
Special Handling Instructions	
Shipping	Referred to National Microbiology Lab, Winnipeg.
Reference Values	This test includes Coxiella burnetii IgG, Rickettsia rickettsii IgG and Rickettsia typhi IgG specific assays. Detailed on report.
Turnaround Time	6 weeks

Laboratory Evidence of Human Viral Infections - # of Positive Findings 2008

Date	Adenovirus	Astro/Calicivirus	Coxsackie virus	CMV	EBV	Echovirus	Enterovirus NT	Entero/Rhino	HAV	HBV	HCV	HIV-1	HSV-1	HSV-2	Influenza A	Influenza B	MPV	Measles	Molluscum contagiosum	Mumps	Norovirus	Parainfluenza	Parvovirus	RSV	Rotavirus	Rubella	Varicella zoster
Jan-08	26		1	8	15	1	1			12	91	25	12	9	32	18	34			4	45	52	5	37	5	1	5
Feb	13			14	12				1	11	70	18	10	13	105	69	84	2		3	65	30	2	65	19	1	4
Mar	12			6	8		1		1	4	86	21	7	11	61	84	36	2		3	59	21	1	42	59		7
Apr	19			7	6					3	64	24	12	14	27	14	11			2	59	23	4	53	83		3
May	18			1	5		3			8	68	19	17	11	5	6	2			1	81	32	2	37	75		7
June	18			6	6		1		1	3	71	21	8	11			2	2		2	35	13	1	4	12	1	14
July	12		3	8	14		3	4	1	6	87	30	25	7						4	10	6	1	3	3		2
Aug	22			9	4		2	5		4	60	18	13	8						1	6	1			1		8
Sept	12		2	5	8		4	5		13	100	25	12	7				3		6	5	6	1				2
Oct																											
Nov																											
Dec																											
Totals	152	0	6	64	78	1	15		4	64	697	201	116	91	230	191		9	0	26	365	184	17	241	257	3	52

SASKATCHEWAN DISEASE CONTROL LABORATORY HOURS OF OPERATION FOR 2009 STAT HOLIDAYS

Stat Holiday Observed	Molecular Diagnostics*	Immunology*	Microbiology	Chem – Tox-Endo*	Virology	Environmental	SMC	Materials Management	Administrative Support	IT*	Quality Management
New Year's Jan 01/09	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
Family Day Feb 16/09	No staff scheduled	No staff scheduled	Reduced Staff 8:00-12:00	No staff scheduled	Reduced Staff 8:00-12:00	Reduced Staff 11:00 to 1:00	Reduced Staff 8:00-12:00	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Good Friday April 10/09	No staff scheduled	No staff scheduled	Reduced Staff 8:00-12:00	No staff scheduled	Reduced Staff 8:00-12:00	Reduced Staff 10:00 to 2:00	Reduced Staff 8:00-12:00	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Victoria Day May 18/09	No staff scheduled	No staff scheduled	Reduced Staff 8:00-12:00	No staff scheduled	Reduced Staff 8:00-12:00	Reduced Staff 11:00 to 1:00	Reduced Staff 8:00-12:00	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Canada Day Jul 01/09	No staff scheduled	No staff scheduled	Reduced Staff 8:00-12:00	No staff scheduled	Reduced Staff 8:00-12:00	Reduced Staff 10:00 & 2:00	Reduced Staff 8:00-12:00	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Floating Holiday July 31/09	No staff scheduled	No staff scheduled	Reduced Staff 8:00-12:00	No staff scheduled	Reduced Staff 8:00-12:00	Reduced Staff 10:00 to 2:00	Reduced Staff 7:15-4:00	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Sask. Day Aug 03/09	No staff scheduled	No staff scheduled	Reduced Staff 8:00-12:00	No staff scheduled	Reduced Staff 8:00-12:00	Reduced Staff 10:00 & 2:00	Reduced Staff 8:00-12:00	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Labour Day Sep 07/09	No staff scheduled	No staff scheduled	Reduced Staff 8:00-12:00	No staff scheduled	Reduced Staff 8:00-12:00	Reduced Staff 11:00 & 2:00	Reduced Staff 8:00-12:00	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Thanksgiving Oct 12/09	No staff scheduled	No staff scheduled	Reduced Staff 8:00-12:00	No staff scheduled	Reduced Staff 8:00-12:00	Reduced Staff 11:00 & 2:00	Reduced Staff 8:00-12:00	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Remembrance Day Nov 11/09	No staff scheduled	No staff scheduled	Reduced Staff 8:00-12:00	No staff scheduled	Reduced Staff 8:00-12:00	Closed	Reduced Staff 8:00-12:00	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled
Christmas Day Dec 25/09	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	No staff scheduled	No staff scheduled
Boxing Day Dec 28/09	No staff scheduled	No staff scheduled	Reduced Staff 2 hours	No staff scheduled	Reduced Staff 8:00-12:00	Reduced Staff 11:00 to 1:00	Reduced Staff 8:00-12:00	No staff scheduled	No staff scheduled	No staff scheduled	No staff scheduled

* Indicates that there are further comments about the department below.

Molecular Diagnostics – On call for WNV PCR (seasonal) and for cell, tissue & organ transplant.

Immunology – One staff member on call 24/7 for needlestick, transplant or approved Stats.

Chem/Tox/Endo/Neonatal – Toxicology is on call. Concerns or requests for chemistry and for newborn screening can be directed to Jeff Eichhorst @ 533-3046 or Dr. D. Lehotay @ 533-6532.

IT Office – On call from 8:00 to 4:00 on all Statutory Holidays.

November 2008



DIAGNOSTIC SERVICES SERVICES DE DIAGNOSTIC
OF MANITOBA DU MANITOBA

MS5 Thorlakson Building
820 Sherbrook Street
Winnipeg, Manitoba R3A 1R9
Phone: (204) 787-1534 Fax: (204) 787-3473

MOLECULAR DIAGNOSTIC LABORATORY TEST REQUISITION

*** PLEASE COMPLETE THE INFORMATION BELOW, PRINT CLEARLY ***

NAME OF PHYSICIAN ORDERING TEST: **HORSMAN, G. (HORS)**
(LAST) (FIRST)

REFERRING INSTITUTION NAME AND ADDRESS OR CODE
(FOR NON-HSC LOCATIONS): Saskatchewan Disease Control Lab.
3211 Albert Street
Regina, SK S4S 5W6
(306) 787-8635

FOR AN ADDITIONAL COPY OF REPORT, COMPLETE THE FOLLOWING:

NAME OF PHYSICIAN:

ADDRESS:

CITY: PROV. POSTAL CODE

TELEPHONE NO. FAX NO.

CLINIC/LABORATORY CONTACT:

NAME:

TELEPHONE NO.

FAX NO.

ENCOUNTER NO.: LOCATION **SPL**
(WARD/CLINIC):

PATIENT NAME:
(LAST) (FIRST)

DATE OF BIRTH: SEX: ☐ F ☐ M
DD/MM/YYYY

FACILITY PATIENT ID NO.:

PROVINCIAL HEALTH NUMBER (9 DIGITS): **SK**

PHYSICIAN/PHYSICIAN NO.:

COLLECTION DATE:

COLLECTION TIME: SPECIMEN ID #

COLLECTED BY: HSC LAB USE ONLY

FOR HSC LAB USE ONLY

DNA #

DELPHIC BARCODE LABEL

MOLECULAR TESTING

I. Test Requested

- | | |
|--|----|
| <input type="checkbox"/> Angelman Syndrome | MD |
| <input type="checkbox"/> Ashkenazi Jewish Panel | MD |
| <input type="checkbox"/> CADASIL (NOTCH 3) | MD |
| <input type="checkbox"/> Charcot-Marie-Tooth Type 1A | MD |
| <input type="checkbox"/> Cystic Fibrosis (ethnic background required) | MD |
| <input type="checkbox"/> DNA Banking | MD |
| <input type="checkbox"/> Fragile X | MD |
| <input type="checkbox"/> Hereditary Neuropathy with Liability to Pressure Palsies | MD |
| <input type="checkbox"/> Hereditary Non-Syndromic Hearing Loss (GJB2 & GJB6)
(ethnic background required) | MD |
| <input type="checkbox"/> Huntington Disease | MD |
| <input type="checkbox"/> Kennedy Disease | MD |
| <input type="checkbox"/> Myotonic Dystrophy Type 1 (ethnic background required) | MD |
| <input type="checkbox"/> Oculopharyngeal Muscular Dystrophy | MD |
| <input type="checkbox"/> Prader-Willi Syndrome | MD |
| <input type="checkbox"/> Sex Determination | MD |
| <input type="checkbox"/> Spinocerebellar Ataxia Types 1, 2, 3, 6, 7, 8 | MD |
| <input type="checkbox"/> Y Chromosome Microdeletions | MD |
| <input type="checkbox"/> Other | MD |

Samples Required

ONE OF THE FOLLOWING:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Blood | 10 mL EDTA |
| <input type="checkbox"/> Blood (infant only) | 3 mL EDTA |
| <input type="checkbox"/> Cultured Amniocytes * | (Maternal sample required) |
| <input type="checkbox"/> Amniotic Fluid * | 5 mL (Maternal sample required) |
| <input type="checkbox"/> Other | |

* Lab consult required for prenatal diagnosis

- | | | |
|---|--------------------------------|----|
| <input type="checkbox"/> Apo E | <input type="checkbox"/> MTHFR | MD |
| <input type="checkbox"/> Hereditary Hemochromatosis | (reason for testing required) | MD |

- | | | | |
|------------------------------|-------------------------------|-------------------------------|----|
| Fetal Blood Grouping | | | |
| <input type="checkbox"/> RhD | <input type="checkbox"/> KELL | <input type="checkbox"/> PLA1 | MD |

- | | |
|--------------------------------|-----------|
| <input type="checkbox"/> Blood | 5 mL EDTA |
|--------------------------------|-----------|

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Amniotic Fluid | 5 mL (Maternal sample required) |
|---|---------------------------------|

II. Reason for Test **

** May require prior genetic consultation before proceeding with testing

- | |
|---|
| <input type="checkbox"/> Confirmation of Clinical Diagnosis |
| <input type="checkbox"/> Carrier Status |
| <input type="checkbox"/> Predictive Testing |
| <input type="checkbox"/> Prenatal Diagnosis LMP |
| <input type="checkbox"/> Other |

III. Clinical Information and Family History

Testing will **NOT** be initiated without this information

Other family members sent previously: ☐ Yes ☐ No

INDEX PATIENT NAME:

*** Please send all samples at ROOM TEMPERATURE ***

Ship samples to: HSC, Department of Clinical Biochemistry & Genetics, Room MS-551, 820 Sherbrook Street, Winnipeg, MB, CANADA R3A 1R9

For test information & sample requirements please go to: <http://www.dsmanitoba.ca/>, choose "Info for Professionals"

and click on **DSM LIM - Winnipeg Sites**

